

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 17, 2005 8:00 am**  
**Secretary of State**

08-17-2005 90068 033 \*\*\*\*50.00

**DOCUMENT # M99000001523**

1. Entity Name  
**ARMACELL, LLC**



Principal Place of Business  
**7600 OAKWOOD ST. EXT.  
MEBANE, NC 27302**

Mailing Address  
**7600 OAKWOOD ST. EXT.  
MEBANE, NC 27302**

**14019251**



08092005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0392836**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	WIEMER, ULRICH
STREET ADDRESS	38 MARKET SQUARE
CITY-ST-ZIP	UXBRIDGE UB81NG,
TITLE	MGRM
NAME	MARS, JAMES F JR
STREET ADDRESS	7600 OAKWOOD ST. EXT.
CITY-ST-ZIP	MEBANE, NC 27302
TITLE	MGRM
NAME	HOLGER, JOHANN
STREET ADDRESS	7600 OAKWOOD ST. EXT.
CITY-ST-ZIP	MEBANE, NC 27302
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*8/9/05*

*919 304 8904*